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maintenance tee homica	tions.			espondence addres	s; and/or (b) in	ndicating a separ	rate "FEE ADDRESS" for
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BIRCH STEW PO BOX 747 FALLS CHURC	I I St ad tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO. FILING DATE		Е	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/512,058 10/21/2004			Toshio Nomura		0033-0960PUS1		8612
MILITA RODUCTIO	" ALLAKATOS/ALID	IMAGE DATA RECOR	US FOR ADDING ATT DING MEDIUM RELATI CONTING TO A	ED THERETO i	RECHARDII	MAGE DATA, NG MAGIC NFORMA	DICKUP CONDITIO
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	JE FEE TOT	AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	•	\$1810	02/02/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
BROOME, SAID A		2628	345-419000				
. Change of corresponde CFR 1.363).		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Birch, Stewart, Kolasch & Birch, LLP					
Change of corresponded Address form PTO/SB	ondence address (or Ch 3/122) attached.	ange of Correspondence	or agents OR, alternat	ively,	-		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or ty			 -	
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ider in 37 CFR 3.11. Con	tified below, no assignee apletion of this form is NC	data will appear on the port of the port o	patent. If an assign	nee is identifie	d below, the doc	cument has been filed for
(A) NAME OF ASSIC		•	data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Sharp Kabushiki Kaisha			Osaka-shi, Osaka, Japan				
lease check the appropri	ate assignee category of	r categories (will not be p	rinted on the patent):	Individual 🚨 Co	orporation or o	ther private grou	pentity Government
a. The following fee(s) a	re submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply a	ny previously	paid issue fee sh	own above)
Issue Fee Dublication Fee (No	. 11	☐ A check is enclosed.					
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. Change in Entity State	us (from status indicate	ed above)	overpayment, to Depo	OSIL ACCOUNT Number	er <u>02-244</u>	(enclose an e	extra copy of this form).
a. Applicant claims	SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no lor	ger claiming SMAI	LL ENTITY st.	atus. See 37 CFR	t 1.27(g)(2).
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